

Education Laptop Insurance Incident Notification Form

The issue of this form is not an admission of liability on the part of the Insurer or their Agents

Students Name:		Contact Details
		Home:
School:	Baden Powell P-9 College - Derrimut Heath	Business:
		Mobile:
Address:	31 Sycamore St, Hoppers Crossing, 3029	Fax:
		Email:

Type of Equipment:	
Brand: Acer.....	Model Number: One 533..... Serial Number:.....
Do you have Home Contents Insurance? Yes/No	
Insurance Company:.....	Policy Number:.....
Have you lodged a claim with this Insurer? Yes/No	Claim Number:.....
Was the matter placed in the hands of the Police? Y/No	
Police Report Number:.....	
Station:.....	Name of Officer:.....

Briefly describe how the loss or damage occurred:

When did loss or damage occur: Time: _____ Date: ___/___/___

Location at which loss or damage occurred:

If a loss or theft claim, where on the premises/vehicle was entry gained?

Who discovered the loss or damage?

Names of other persons present when discovery was made:

Were there any signs of forced entry? Details:

If YES, Please provide a copy of the repair invoice / quote for the property damage caused by the forced entry. If you are not responsible for the property repairs, please provide contact details of those that are:

Declaration

I declare that all information I have provided in relation to this claim is true and correct. I also agree to allow the Insurer and/or their Agents, to discuss details of this claim with the Police, any Insurance and/or Finance Company, and/or their Agents, and if necessary permit the Insurer and/or their Agents to utilise this claim form for the purposes of making a Dual Insurance claim against any Insurance Policy that may also cover the equipment. Where necessary, I also agree to allow the disclosure of the Payout & Purchase Figure of the item/s described and the Payment History of the contract to be disclosed to the Insurer and/or their Agents.

Parent Name:	Signature:	Date:
School Representative Name:	Signature:	Date: